



State of Connecticut
Department of Public Safety
Division of State Police

DPS-90-C (Rev. 04/03)

CRIMINAL INFORMATION SUMMARY☐ ADDITIONAL PAGES

TROOP / UNIT: A, 3330		OTHER INVOLVED AGENCY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES,	
DATE: 11/06/04	TIME: 1012 hrs	INVESTIGATING TROOPER / OFFICER: Tpr. Saraceno #1265	DPS CASE NUMBER: DPS-04-055605
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): Garner Correctional Center Newtown CT			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input type="checkbox"/> ARREST MADE <input checked="" type="checkbox"/> UNDER INVESTIGATION Troop A was notified that a physical assault took place in D-Block. Inmate Karl Caman, DOB: 09/19/74 assaulted a correctional officer, David Lapointe. Officer Lapointe recieved a head injury and was transported to Danbury Hospital. Officer Lapointe was treated and released.			
VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F C.O. LaPointe, David		ADDRESS: (TOWN/CITY&STATE ONLY) Garner Correctional Center	
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	
NAME: <input checked="" type="checkbox"/> M <input type="checkbox"/> F Caman, Karl (Inmate)		DOB: 09/19/74 ADDRESS: Garner Correctional Center	
CHARGES: 1. 2. 3. 4.		COURT: GA: TOWN: DATE:	
BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:		INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:	
NAME: <input type="checkbox"/> M <input type="checkbox"/> F		DOB: ADDRESS:	
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NAME: <input type="checkbox"/> M <input type="checkbox"/> F		DOB: ADDRESS:	
SUPERVISOR'S APPROVAL REQUIRED: INITIALS: ID #: DATE: 11-06-04			
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LAWS. FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE			